

Revision: HCFA-PM-91-
1991

(BPD)

ATTACHMENT 2.2-A
Page 20
OMB NO.: 0938-

State: Kansas

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act



13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(ii)(IX)
and 1902(1)
of the Act



14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

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HCFA No. MS-91-41

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AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----|---|--|
| ** | 1902(a) <input type="checkbox"/>
(10)(A)
(ii)(IX)
and 1902(1)(1)
(D) of the Act | 15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 of ATTACHMENT 2.6-A</u> for a family of the same size. |
|----|---|--|

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

☐ 7 years of age; or

☐ 8 years of age.

**Provision not applicable to State

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Supersedes

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B. Optional Groups Other Than the Medically Needy
(Continued)

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| ** | 1902(a) <input checked="" type="checkbox"/>
(ii)(X)
and 1902(m)
(1) and (3)
of the Act | 16. Individuals--

a. Who are 65 years of age or older or
are disabled, as determined under
section 1614(a)(3) of the Act.
Both aged and disabled individuals are
covered under this eligibility group.

b. Whose income does not exceed the income
level (established at an amount up to
100 percent of the Federal income
poverty level) specified in Supplement
1 to <u>ATTACHMENT 2.6-A</u> for a family of
the same size; and

c. Whose resources do not exceed the
maximum amount allowed under SSI; under
the State's more restrictive financial
criteria; or under the State's
medically needy program as specified in
<u>ATTACHMENT 2.6-A</u> . |
|----|--|--|

**Provision not applicable to State

TN No. MS-91-41
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TN No. MS-89-16

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HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: KANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

** 1902(a)(47)
and 1920 of
the Act

- 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

** Provisions not applicable to State.

State/Territory: Kansas

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

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|--|---|
| 1906 of the Act | 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>0</u> months. |
| 1902(a)(10)(F) and 1902(u)(1) of the Act | 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6A. |
| 1902(e)(12) of the Act | 20. A child under age <u>19</u> (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of <u>12</u> months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above. |

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Supersedes

TN No. MS-91-46

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy
(Continued)

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|-----|-----------------------|--|
| XIX | 1902(e)(4) of the Act | 4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household. |
| XIX | 42 CFR 435.308 | 5. <input type="checkbox"/> a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--
___ 21
___ 20
___ 19
___ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

<input checked="" type="checkbox"/> b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

<input checked="" type="checkbox"/> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

<input checked="" type="checkbox"/> (a) In foster homes (and are under the age of <u>21</u>).

<input checked="" type="checkbox"/> (b) In private institutions (and are under the age of <u>21</u>). |

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TN No. MS-91-11

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy
(Continued)

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|--------------|-----|---|
| <u> </u> | (c) | In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u> </u>). |
| <u> X </u> | (2) | Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u>21</u>). |
| <u> X </u> | (3) | Individuals in NFs (who are under the age of <u>21</u>). NF services are provided under this plan. |
| <u> X </u> | (4) | In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of <u>21</u>). |
| <u> X </u> | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u>21</u>). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| <u> X </u> | (6) | Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> . |

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C. Optional Coverage of Medically Needy
(Continued)

**	42 CFR 435.310	<input type="checkbox"/> 6. Caretaker relatives.
XIX	42 CFR 435.320 and 435.330	<input checked="" type="checkbox"/> 7. Aged individuals.
XIX	42 CFR 435.322 and 435.330	<input checked="" type="checkbox"/> 8. Blind individuals.
XIX	42 CFR 435.324 and 435.330	<input checked="" type="checkbox"/> 9. Disabled individuals.
**	42 CFR 435.326	<input type="checkbox"/> 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
XIX	435.340	11. Blind and disabled individuals who: a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

**Provision not applicable to State

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Supersedes

TN No. MS-91-38

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OCT 01 1991

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October 1991

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State: Kansas

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individual required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 0 months.

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Supersedes

TN No. Nothing

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